

MONTHLY IMPREST FUND RECONCILIATION

For: _____
(Month) (Year)

AGENCY: _____ Imprest Fund No. _____

Authorized Amount of Imprest Fund \$ _____
Less: Change Funds \$ _____
AUTHORIZED AMOUNT OF FUND (BANK ACCOUNT) \$ _____

Accounted for as follows:

Bank Statement Balance _____ \$ _____
Name of Bank _____

ADD:

Cash on hand \$ _____

Deposits in transit:

No. _____	\$ _____		
No. _____	\$ _____	\$ _____	TOTAL \$ _____

Checks imprest fund has not been reimbursed for:

No. _____	\$ _____	No. _____	\$ _____	
No. _____	\$ _____	No. _____	\$ _____	
No. _____	\$ _____	No. _____	\$ _____	
No. _____	\$ _____	No. _____	\$ _____	
No. _____	\$ _____	No. _____	\$ _____	
No. _____	\$ _____	No. _____	\$ _____	
No. _____	\$ _____	No. _____	\$ _____	
No. _____	\$ _____	No. _____	\$ _____	TOTAL \$ _____

LESS:

Checks outstanding through Bank system:

No. _____	\$ _____	No. _____	\$ _____	
No. _____	\$ _____	No. _____	\$ _____	
No. _____	\$ _____	No. _____	\$ _____	
No. _____	\$ _____	No. _____	\$ _____	
No. _____	\$ _____	No. _____	\$ _____	
No. _____	\$ _____	No. _____	\$ _____	
No. _____	\$ _____	No. _____	\$ _____	
No. _____	\$ _____	No. _____	\$ _____	TOTAL \$ _____

Total Adjusted Bank Statement Balance TOTAL \$ _____

Cash Long or Short TOTAL \$ _____

Other Adjustments TOTAL \$ _____

TOTAL ACCOUNTED FOR (Must Equal Authorized Amount of Fund) TOTAL \$ _____

Custodian's Signature Date